TRANSPORTATION DEPARTMENT[761]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 307.10 and 307.12, the Iowa Department of Transportation, on March 13, 2013, adopted amendments to Chapter 4, "Public Records and Fair Information Practices," Chapter 600, "General Information," and Chapter 605, "License Issuance," Iowa Administrative Code.

Notice of Intended Action for these amendments was published in the January 23, 2013, Iowa Administrative Bulletin as **ARC 0571C**.

This rule making was initiated in response to requests from the Iowa Nurse Practitioner Society, which provided information to the Department indicating that persons accessing health care through advanced registered nurse practitioners (ARNPs) could not obtain from them medical reports relevant to fitness to drive determinations because existing rule language limits the definition of "medical report" to reports prepared by physicians and optometrists. The purpose of this rule making is to give Iowa citizens faced with a fitness determination a greater range of access to qualified medical professionals who may evaluate and assist them.

These amendments promote conformity with Iowa Code section 321.186(4), which allows ARNPs and physician assistants (PAs) to submit confidential reports to the Department on drivers they deem to be incapable. These amendments also give a person identified as an incapable driver better access to health care professionals who can assist in determining or reassessing the person's fitness to drive by expanding the list of professionals who may submit medical reports relevant to a fitness to drive determination to include ARNPs and PAs when practicing within the scope of their professional license.

These rules do not provide for waivers. Any person who believes that the person's circumstances meet the statutory criteria for a waiver may petition the Department for a waiver under 761—Chapter 11

These amendments are identical to those published under Notice of Intended Action.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 321.186.

These amendments will become effective May 8, 2013.

Rule-making actions:

ITEM 1. Amend subrule 4.9(25) as follows:

4.9(25) A report received by the department from a physician or optometrist physician licensed under Iowa Code chapter 148, an advanced registered nurse practitioner licensed under Iowa Code chapter 152 and registered with the board of nursing, a physician assistant licensed under Iowa Code chapter 148C or an optometrist licensed under Iowa Code chapter 154 regarding a person who has been diagnosed as having a physical or mental condition which would render the person physically or mentally incompetent to operate a motor vehicle in a safe manner. (Iowa Code section 321.186)

ITEM 2. Amend rule **761—600.1(321)**, definitions of "Medical report" and "Physician," as follows:

"Medical report" means a report from a physician qualified medical professional attesting to a person's physical or mental capability to operate a motor vehicle safely. The report should be submitted on Form 430031, "Medical Report." In lieu of Form 430031, a report signed by a physician qualified medical professional on the physician's qualified medical professional's letterhead may be accepted if it contains all the information specified on Form 430031.

"Physician Qualified medical professional" means a person licensed to practice medicine and surgery or osteopathic medicine and surgery as a physician under Iowa Code chapter 148, a person licensed as an advanced registered nurse practitioner under Iowa Code chapter 152 and registered with the board of nursing, or a person licensed as a physician assistant under Iowa Code chapter 148C, when practicing within the scope of the person's professional licensure.

ITEM 3. Amend paragraph **600.4(4)**"c" as follows:

c. If an episode occurs when medications are withdrawn by a physician qualified medical professional, but the person is episode-free when placed back on medications, the department may license without a six-month episode-free period with a favorable recommendation from a neurologist.

ITEM 4. Amend paragraph **600.4(4)"d"** as follows:

d. If a medical report indicates the person experienced a single nonrecurring episode, the cause has been identified, and the physician qualified medical professional is not treating the person for the episode and believes it is unlikely to recur, the department may license without the six-month episode-free period with a favorable recommendation from a physician qualified medical professional.

ITEM 5. Amend paragraph **605.5(5)"b"** as follows:

- b. Loss of consciousness or voluntary control.
- (1) and (2) No change.
- (3) If the latest medical report indicates the person experienced only a single nonrecurring episode, the cause has been identified, and the physician qualified medical professional is not treating or has not treated the person for the episode and believes it is unlikely to recur, the department may waive the medical report requirement upon receipt of a favorable recommendation from a physician qualified medical professional.
- (4) The department may remove the medical report requirement and issue a full-term driver's license if recommended by a physician qualified medical professional and if the latest medical information on file with the department indicates the person has not had an episode of loss of consciousness or voluntary control and has not been prescribed medications to control such episodes during the 24-month period immediately preceding application for a license.
- (5) The department may remove the medical report requirement and issue a full-term driver's license if recommended by a <u>physician qualified medical professional</u> and if the latest medical information on file with the department indicates the person has not had an episode of loss of consciousness or voluntary control during the 10-year period immediately preceding application for a license.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 4/3/13.